

**Town, City, Village, State or Federal
Permits May Also Be Required**

LAND USE - X
SANITARY - 22-125S
SIGN -
SPECIAL - NA
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No: 02182201-2022

Tax ID: 37823

Issued To: TOUCHSTONE PROPERTY AND
MANAGEMENT LLC

Location: LOT 3 CSM #2041 IN V.12 P.84 Section 26
(LOCATED IN GOVT LOT 2)

Township 51 N.

Range 07 W.

CLOVER

Govt Lot 0

Lot

Block

Subdivision:

CSM# 2041

For: Residential / Residence / 56L x 24W x 9H

Condition(s): To meet all setbacks including eaves and overhangs. To be constructed per plan. Town/State/DNR permits may be required.
Obtain UDC (Uniform Dwelling Code) permit. Max height of 16' from grade to tallest peak.

NOTE: This permit expires one year from date of issuance if the authorized
construction work or land use has not begun.

Changes in plans or specifications shall not be made without
obtaining approval. This permit may be void or revoked if any of the
application information is found to have been misrepresented,
erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are
not completed or if any conditions are violated.

Mckenzie Slack

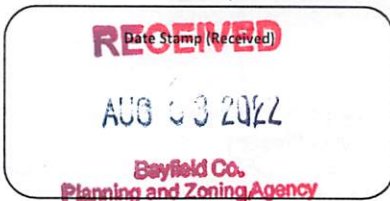
Authorized Issuing Official

Thu Oct 06 2022

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	22-0277
Date:	10-5-2022
Amount Paid:	175
Other:	100 (Refund)
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: DEVISE TIMOTHY MCRAITH		Mailing Address: PO BOX 238 BIRCHWOOD WI 54817	
Address of Property: BARK POINT ROAD		City/State/Zip: HERBSTER, WI 54844	
Email: (print clearly) tim.mcraith@northwoodtech.edu		Telephone: 715.651.2517	
Contractor: SELF		Contractor Phone: _____	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: _____	
Agent Mailing Address (include City/State/Zip):		Plumber: _____	
Plumber Phone: _____		Written Authorization Required (for Agent)	
PROJECT LOCATION		Tax ID# 12168	
Legal Description: (Use Tax Statement)		Recorded Document: (Showing Ownership) 2021 R- 591420	
1/4, 1/4		Gov't Lot _____	
Lot(s) 1		CSM 1058	
Vol & Page 6-404		CSM Doc # _____	
Lot(s) # _____		Block # _____	
Subdivision: _____		Section 34 , Township 51 N, Range 7 W	
Town of: CLOVER		Lot Size _____	
Acreage 2.63			

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue -->	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->	Distance Structure is from Shoreline : DRIVEWAY IS 600 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project ONLY DRIVEWAY	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ _____	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____		<input type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length: _____	Width: _____	Height: _____
Proposed Construction: (overall dimensions)	Length: _____	Width: _____	Height: _____

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input checked="" type="checkbox"/> Other: (explain) DRIVEWAY ON SHORELINE PROP.	(225 X 10)	2250	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): TIMOTHY MCRAITH
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date JULY 30, 2022

Authorized Agent: _____ (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit _____

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction

(2) Show / Indicate:

North (N) on Plot Plan

(3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)

(4) Show:

All Existing Structures on your Property

(5) Show:

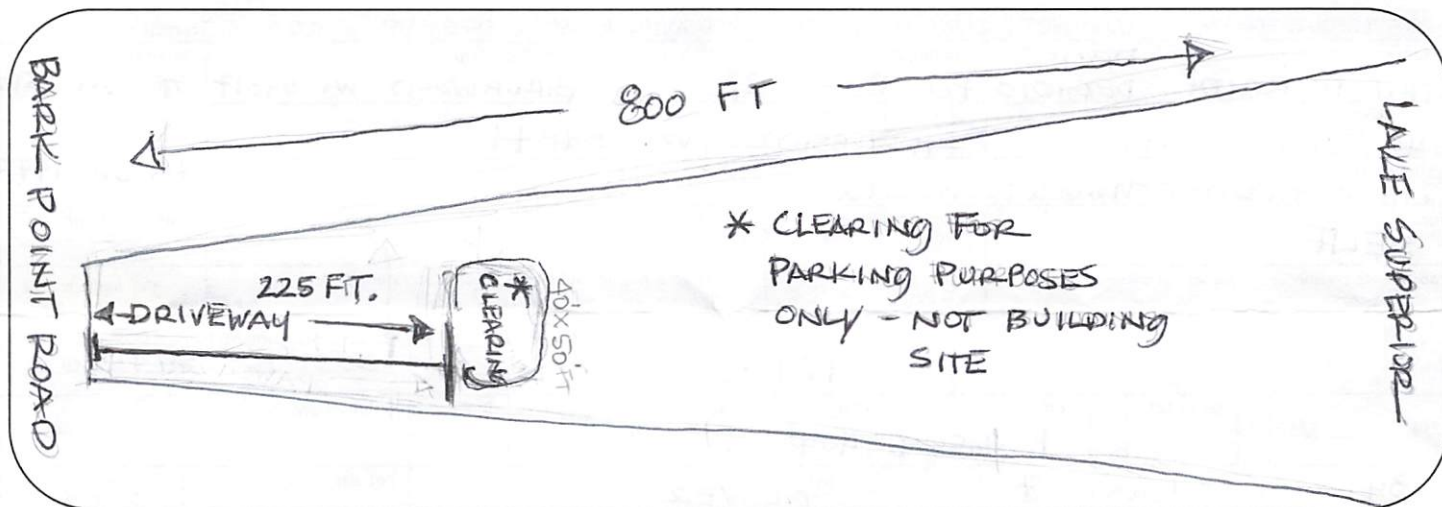
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%
- Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	500+ Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	500+ Feet
Setback from the North Lot Line	10 Feet		
Setback from the South Lot Line	70 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	575 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	225 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: <u>N/A</u>	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>22-0272</u>		Permit Date: <u>10-5-2022</u>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <u>Everything looked good</u>		Zoning District <u>(R-RB)</u>		
		Lakes Classification <u>(1)</u>		
Date of Inspection: <u>8-23-2022</u>		Inspected by: <u>gm</u>		Date of Re-Inspection:
Condition(s): <u>Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)</u>				
<u>Town conditions state that ingress/egress of driveway must comply with Town of Clover's Driveway ordinance and obtain Emergency Service Sign. Future driveway maintenance included with this permit.</u>				
Signature of Inspector: <u>Erica M. Lamans</u>				Date of Approval: <u>9-19-2022</u>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Etc

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 – Washburn, WI 54891
Phone – (715) 373-6138
Fax – (715) 373-0114
e-mail: zoning@bayfieldcounty.wi.gov

Website:
www.bayfieldcounty.wi.gov

Date Zoning Received: (Stamp Here)

RECEIVED
SEP 15 2022
Bayfield Co.
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) [front/back]. This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner Timothy McRAITH + DENISE DEGIO Contractor SELF
Property Address BARK POINT ROAD Authorized Agent _____
HERBSTER, WI 54844 Agent's Telephone _____
Telephone 715.651.2517 Written Authorization Attached: Yes () No ()
Accurate Legal Description involved in this request (specify only the property involved with this application)
_____ 1/4 of _____ 1/4, Section 34, Township 51 N., Range 07 W. Town of CLOVER
Govt. Lot _____ Lot 1 Block _____ Subdivision _____ CSM# 1058
Volume 6 Page 404 of Deeds Tax I.D.# 12168 Acreage 2.43
Additional Legal Description: DOC 2021R -591420
Applicant: (State what you are asking for) DRIVEWAY INTO A SHORELAND PROPERTY Zoning District: RRB Lakes Classification 1

We, the Town Board, TOWN OF Clover, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☒ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

Ingress & egress of the driveway must comply w/ Town of Clover
Driveway Ordinance & obtain Emergency Services Sign

** THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

** NOTE:

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Signed:

Chairman: Dale Luller

Supervisor: John Tamada

Supervisor: Debbie

Supervisor: Jack Smith

Clerk: Heidi Shilkey

Date: 9/14/22

**Bayfield County
Impervious Surface Calculations**

* Refund
not needed

These calculations are **REQUIRED** per WI Admin Code NR 115.05(1)(e) and Section 13-1-32(g) and 13-1-40(h) of the Bayfield County Code of Ordinances. The undersigned hereby makes application for construction, reconstruction, expansion, replacement or relocation of any impervious surface within 300 feet of the ordinary high-water mark and agrees that all activities shall be in accordance with the requirements of the Bayfield County Code of Ordinances and all other applicable ordinances and the laws of the State of Wisconsin.

Pursuant to Chapter 1, Title 13, Section 13-1-106(d) of the Bayfield County Zoning Ordinance(s), Planning and Zoning Department employees assigned to inspect properties shall have access to said properties to make inspections.

Owner / Applicant	
Owner's Name	TIM McRATH + DENISE DeGidio
Site Address	BARK POINT ROAD
City / State Zip	Township of CLOVER
Mailing Address	P.O. Box 238
City / State / Zip	BIRCHWOOD, WI 54817
Phone(s)	715-651-2517
	Cell
Email Address	tim.mcraith@northwoodtech.edu

Accurate Legal Description involved in this request (specify <u>only</u> the property involved with this application)							
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID #: 12168	Lot Size	Acreage 2.63	Zoning District	Lakes Class	
	1/4	1/4	Section 34	Township 51	Range 7	Town of CLOVER	
Gov't Lot	Lot # 1	CSM # 1058	Doc #	Vol Page 6-404	Lot#	Blk #	
						Subdivision	

RECORDED DOCUMENT: 2021R-591420

Impervious Surface: An area that releases as runoff all or a majority of the precipitation that falls on it. "Impervious surface" excludes frozen soil but includes rooftops, sidewalks, driveways, parking lots and streets unless specifically designed, constructed, and maintained to be pervious. Impervious surface standards shall apply to the construction, reconstruction, expansion, replacement or relocation of any impervious surface that is or will be located within 300 feet of the ordinary high-water mark of any navigable waterway on any riparian lot or parcel. Nonriparian lot or parcel that is located entirely within 300 feet of the ordinary high-water mark of any navigable waterway.

Calculation of Impervious Surface: Percentage of impervious surface shall be calculated by dividing the surface area of the existing and proposed impervious surfaces on the lot or parcel by the total surface area of that lot or parcel and multiplying by 100. If an outlot lies between the ordinary high-water mark and the developable lot or parcel described in subd. 1. and both are in common ownership, the lot or parcel and the outlot shall be considered one lot or parcel for the purposes of calculating the percentage of impervious surfaces.

Impervious Surface Standard: Allow up to 15% impervious surface but not more than 30% impervious surface on the portion of a lot or parcel that is within 300 feet of the ordinary high-water mark. A permit can be issued for development that exceeds 15% impervious surface but not more than 30% impervious surfaces with a mitigation plan that meets the requirements of the Bayfield County Ordinance(s).

Existing Impervious Surfaces: For existing impervious surfaces that were lawfully placed when constructed but that do not comply with the standards in Section(s) 13-1-32(g) and Section 13-1-40(h), the property owner may do any of the following:

- a. Maintenance and repair all impervious surfaces:
- b. Replace existing impervious surfaces with similar surfaces within the existing building footprint.
- c. Relocate or modify existing impervious surfaces with similar or different impervious surfaces, provided that the relocation or modification does not result in an increase in the percentage that existed on the effective date of the county shoreland ordinance and meets the applicable setback requirements in Section 13-1-32.

Impervious Surface(s)

Impervious Surface Item	Dimension(s)	Square Footage
Existing House		
Existing Garage		
Existing Porch / Covered Porch		
Existing Porch #2 / Covered Porch #2		
Existing Deck		
Existing Deck #2		
Existing Sidewalk(s), Patio(s)		
Existing Storage Bldg		
Existing Shed		
Existing Accy: (explain) _____		
Existing Carport		
Existing Boathouse		
Existing Driveway		
Existing Road (Name) _____		
Existing Other (explain) _____		
Existing Other (explain) _____		
Proposed House		
Proposed Garage		
Proposed Addition (explain) _____		
Proposed Addition (explain) _____		
Proposed Porch / Covered Porch		
Proposed Porch #2 / Covered Porch #2		
Proposed Deck #1		
Proposed Deck #2		
Proposed Balcony		
Proposed Sidewalk(s), Patio(s)		
Proposed Storage Bldg		
Proposed Shed		
Proposed Carport		
Proposed Accy: (explain) _____		
Proposed Boathouse		
Proposed Driveway <i>X</i>	<i>DRIVEWAY</i> <i>275 FT X 10</i>	<i>40 X 50 FT CLEARING /</i>
Proposed Road (Name) _____		<i>TURN</i>
Proposed Other (explain) _____		<i>AROUND</i>
Proposed Other (explain) _____		
Total:		

a. Total square footage of lot: _____

b. Total impervious surface area: _____

c. Percentage of impervious surface area: $100 \times (b)/a =$ _____

Total square footage of additional impervious surface allowed: @ 15% _____ @ 30% _____

Issuance Information (County Use Only)	Date of Inspection:
Inspection Record:	Zoning District () Lakes Classification ()
Condition(s):	Stormwater Management Plan Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Inspector:	Date of Approval:

Field Investigation

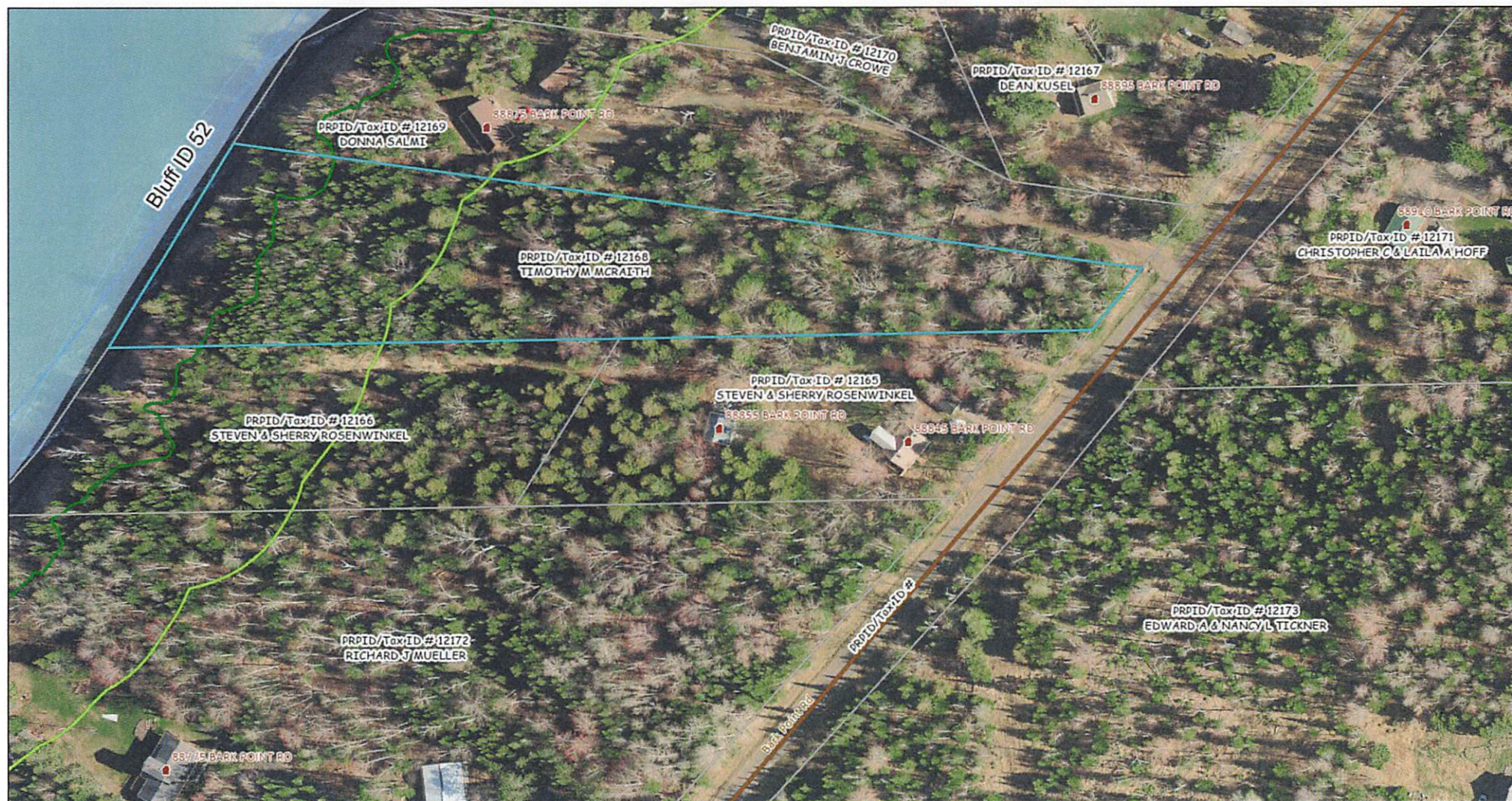
8-23-2022

Date: 8-22-2022	Arrive: 11:50	Depart: 12:00
Landowner: Regidio, Denise	Photos taken: Yes	No
Project Location: Back Point Rd	Persons Present: 4m	
Waterway: South of 88875 Back Point Rd	Purpose of visit:	
PIN# _____ *Attach Real Estate Inquiry*	<input type="checkbox"/> ZP Onsite	<input type="checkbox"/> SAP
	<input type="checkbox"/> Sanitary	<input type="checkbox"/> Wetland Delineation
	<input type="checkbox"/> Floodplain	<input type="checkbox"/> OHWM
	<input type="checkbox"/> Boathouse	<input type="checkbox"/> Complaint
	<input type="checkbox"/> Averaging	<input type="checkbox"/> Walkout
Paid \$ _____ Receipt # _____	<input type="checkbox"/> Other: _____	

Tagged +
marked

263
R-RB
Driveway


Bayfield County, WI



9/19/2022, 3:56:23 PM

— Top of Bluff

Rivers

 Approximate Parcel Boundary

Road Type

— Town

Lake Superior Shoreline Recession Segments

→ The average annual rate of bluff recession in this reach of shoreline is approximately 1.0 feet.

Flood Plain Boundaries Active Dec 16th, 2011

AE = Base floodplain where base flood elevations are provided.

— Lake Superior Proposed Setback Line

Building Footprint 2015

- Building

1:1,076

A number line with two scales. The top scale is labeled in miles (mi) with major tick marks at 0, 0.01, 0.03, and 0.05. The bottom scale is labeled in kilometers (km) with major tick marks at 0, 0.02, 0.04, and 0.08. There are 10 equal intervals between 0 and 0.05 miles, and 10 equal intervals between 0 and 0.08 kilometers. The scales are aligned such that 0.01 miles corresponds to 0.02 kilometers, 0.03 miles corresponds to 0.04 kilometers, and 0.05 miles corresponds to 0.08 kilometers.

Bayfield County Land Records Department

Real Estate Bayfield County Property Listing

Today's Date: 9/19/2022

Property Status: **Current**

Created On: 3/15/2006 1:15:14 PM

**Description**

Updated: 10/20/2021

Tax ID: 12168
PIN: 04-014-2-51-07-34-2 05-002-05000
 Legacy PIN: 014109903001
 Map ID:
 Municipality: (014) TOWN OF CLOVER
 STR: S34 T51N R07W
 Description: LOT 1 CSM #1058 IN V.6 P.404
 (LOCATED IN GOVT LOT 2) IN DOC
 2021R-591420
 Recorded Acres: 2.630
 Calculated Acres: 2.627
 Lottery Claims: 0
 First Dollar: No
 Zoning: (R-RB) Residential-Recreational Business
 ESN: 109

**Tax Districts**

Updated: 3/15/2006

1	STATE
04	COUNTY
014	TOWN OF CLOVER
044522	SCHL-SOUTHSHORE
001700	TECHNICAL COLLEGE

**Recorded Documents**

Updated: 3/15/2006

WARRANTY DEED

Date Recorded: 10/8/2021 2021R-591420

TERMINATION OF DECEDENT'S INTEREST

Date Recorded: 10/8/2021 2021R-591419

CONVERSION

Date Recorded: 771-4

**Ownership**

Updated: 10/20/2021

TIMOTHY M MCRAITH BIRCHWOOD WI
DENISE M DEGIDIO BIRCHWOOD WI

Billing Address:

**MCRAITH, TIMOTHY M &
 DEGIDIO, DENISE M**
 PO BOX 238
 BIRCHWOOD WI 54817

Mailing Address:

**MCRAITH, TIMOTHY M &
 DEGIDIO, DENISE M**
 PO BOX 238
 BIRCHWOOD WI 54817

**Site Address** * indicates Private Road

N/A

**Property Assessment**

Updated: 7/13/2017

2022 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	2.630	144,800	0

2-Year Comparison

	2021	2022	Change
Land:	144,800	144,800	0.0%
Improved:	0	0	0.0%
Total:	144,800	144,800	0.0%

**Property History**

N/A

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X (Shoreland)**

SANITARY –

SIGN –

SPECIAL – **(A) (Tw of Clover-9/15/2022)**

CONDITIONAL –

BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0272** Issued To: **Timothy McRaith and Denise Degidio**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **34** Township **51** N. Range **7** W. Town of **Clover**

Doc # **2021R-591420**

Gov't Lot Subdivision CSM# **1058**

In V. 6 P. 404

For: **[Shoreland Grading]: Driveway on Shoreline Property (225' x 10') = 2,250 sq. ft.**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Town Conditions state meet ingress/egress of driveway must comply with Town of Clover's driveway ordinance and obtain emergency service sign. Future driveway maintenance included with this permit.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: Special Use permit shall automatically terminate 12 months from its date of issuance if the authorized building activity, land alteration or use has not begun within such time. If your Special Use is discontinued for 36 consecutive months, the permit authorizing it shall automatically terminate, and any future use of the building(s) or property to which the permit pertained shall conform to Ordinance.

Changes in plans or specifications shall not be made without obtaining approval from Planning and Zoning Committee. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Erica Meulemans, AZA

Authorized Issuing Official

October 5, 2022

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED

AUG 16 2022

Bayfield Co.
Planning and Zoning Agency

ATF
Grading

Permit #:	22-0272
Date:	10-5-2022
Amount Paid:	175- 9-28-22
Other:	ATF 175
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: William & Mary Ernst		Mailing Address: 12820 27th Place N	
Address of Property: 89055 Barkpoint Rd		City/State/Zip: Plymouth, MN 55441	
Email: (print clearly) William-J. Ernst@GMAIL.COM		Telephone: 763-447-7990	
Contractor:		Contractor Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	
PROJECT LOCATION		Tax ID# 12392	
Legal Description: (Use Tax Statement)		Recorded Document: (Showing Ownership) 2021R 591835	
1/4, 1/4		Gov't Lot <input checked="" type="checkbox"/> Lot(s) CSM Vol & Page CSM Doc # Lot(s) # Block #	
Section 27, Township 51 N, Range 7 W		Town of: Clover	
Subdivision: Gitchee Gumee Shores		Lot Size 3.92 Acreage 3.91 3.92	

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 348 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Holding Tank	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Special Use: (explain) Class A for Residence Site Grading	(100 X 100)	10,000'
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): William J. Ernst
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 8-16-22

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit _____

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

APPLICANT - PLEASE COMPLETE PLOT PLAN

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction

(2) Show / Indicate:

North (N) on Plot Plan

(3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)

(4) Show:

All Existing Structures on your Property

(5) Show:

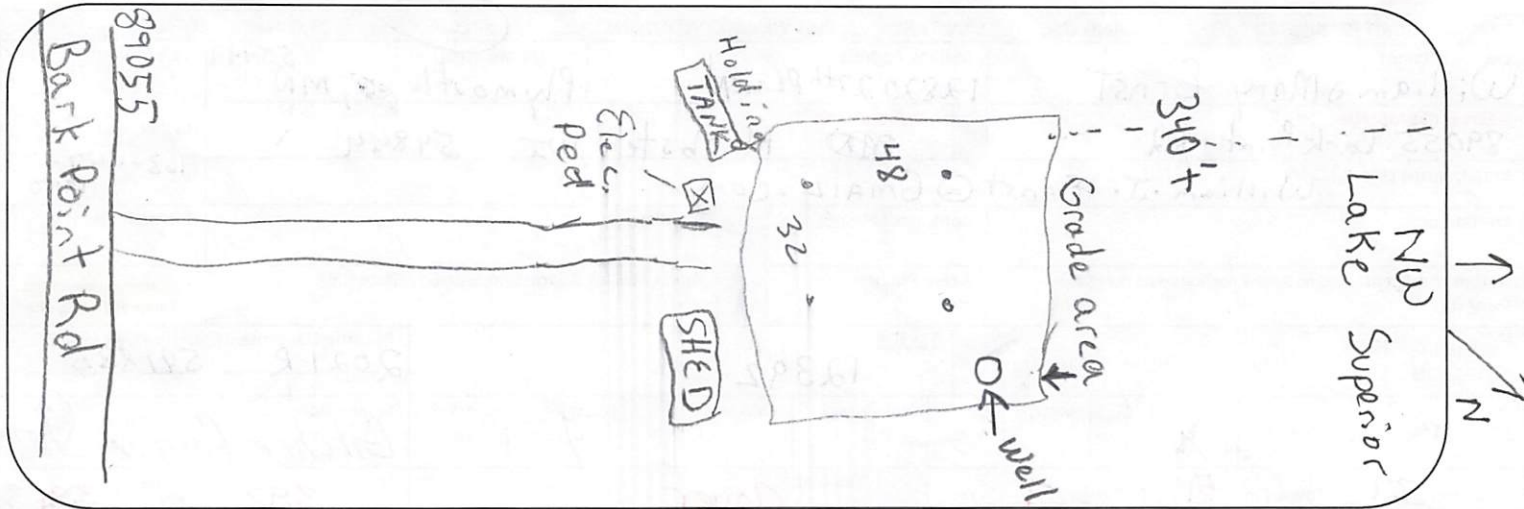
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%
- Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	250	Feet	Setback from the Lake (ordinary high-water mark)	340+ Feet
Setback from the Established Right-of-Way	250	Feet	Setback from the River, Stream, Creek	Feet
			Setback from the Bank or Bluff	340+ Feet
Setback from the North Lot Line	340+	Feet		
Setback from the South Lot Line	240	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	90'	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	80'	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	18'	Feet	Setback to Well	25' Feet
Setback to Drain Field		Feet		
Setback to Privy (Portable, Composting)		Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: <u>N/A</u>		# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:				
Permit #: <u>22-0073</u>		Permit Date: <u>10-5-2022</u>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Case #:		Case #:				
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>ATC</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record: <u>gravel already down where the driveway and house proposals are.</u>				Zoning District <u>(R-FB)</u>		
				Lakes Classification <u>(1)</u>		
Date of Inspection: <u>8-12-20 1-25-2022</u>		Inspected by: <u>EM</u>		Date of Re-Inspection: <u>8-12-2022</u>		
Condition(s): <u>Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)</u>						
<u>Town Conditions State that ingress/egress of driveway + building site must comply with Town of Clover Driveway ordinance. Routine road maintenance are exempt from needing additional grading permits. Current permit for driveway, and home build site.</u>						
Signature of Inspector: <u>Erica Malaman</u>				Date of Approval: <u>9-19-2022</u>		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>

TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)

ENTERED
9-16

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

Date Zoning Received: (Stamp Here)

RECEIVED

SEP 15 2022

Bayfield Co.
Planning and Zoning Agency

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 - Washburn, WI 54891
Phone - (715) 373-6138
Fax - (715) 373-0114
e-mail: zoning@bayfieldcounty.wi.gov

Website:

www.bayfieldcounty.wi.gov

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14)

[front/back]. This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner William Ernst Mary Ernst

Contractor Billy Gustafson

Property Address 89055 Bark Point Road

Authorized Agent

Herbster, WI 54844

Agent's Telephone

Telephone 763-447-7990 447-7990

Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request (specify only the property involved with this application)

1/4 of 1/4, Section 27, Township 51 N., Range 07 W. Town of Clover

Govt. Lot Lot Block Subdivision CSM#

Volume Page of Deeds Tax I.D.# 12392 Acreage 3.92

Additional Legal Description: Lot 9 Gitche Gumee Shores

Applicant: (State what you are asking for)

Zoning District: R-RB

Lakes Classification

Grading a home site

We, the Town Board, TOWN OF Clover, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☒ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

Designs & egress of the driveway & building site must comply w/
Town of Clover Driveway Ordinance

** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department not a copy or fax

** NOTE:

Receiving Town Board approval, does not allow the start of construction or business, you must first obtain your permit card(s) from the Planning and Zoning Department.

Signed:

Chairman: Dale Fuller

Supervisor: [Signature]

Supervisor: [Signature]

Supervisor: Jack Smith

Clerk: Nancy Hellesoy

Date: 9/14/22

Revised: August 2018

u/forms/townboardrecommendation-ClassA

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
AUG 16 2022
Bayfield Co.
Planning and Zoning Agency

Permit #:	
Date:	
Amount Paid:	
Other:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: William & Mary Ernst				Mailing Address: 12820 27th Place N				City/State/Zip: Plymouth, MN 55441				Telephone:			
Address of Property: 89055 Bark Point Rd				City/State/Zip: Herbster, WI 54844				Cell Phone: 763-447-7990							
Email: (print clearly) William-J. Ernst@GMAIL.COM															
Contractor:				Contractor Phone:				Plumber:				Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Required (for Agent)			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# 12392		Recorded Document: (Showing Ownership) 2021R 591835									
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #	
Subdivision:															
Section, Township N, Range W				Town of:				Lot Size				Acreage			

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 340 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Holding Tank	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Special Use: (explain) Class A for Residence Site Grading	(100 X 100)	10,000'
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any time for the purpose of inspection.

William Ernst
listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application
(See Note below)
on behalf of the owner(s) a letter of authorization must accompany this application

Date 8-16-22
Date

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (*):

(4) Show:

(5) Show:

(6) Show any (*):

(7) Show any (*):
- Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

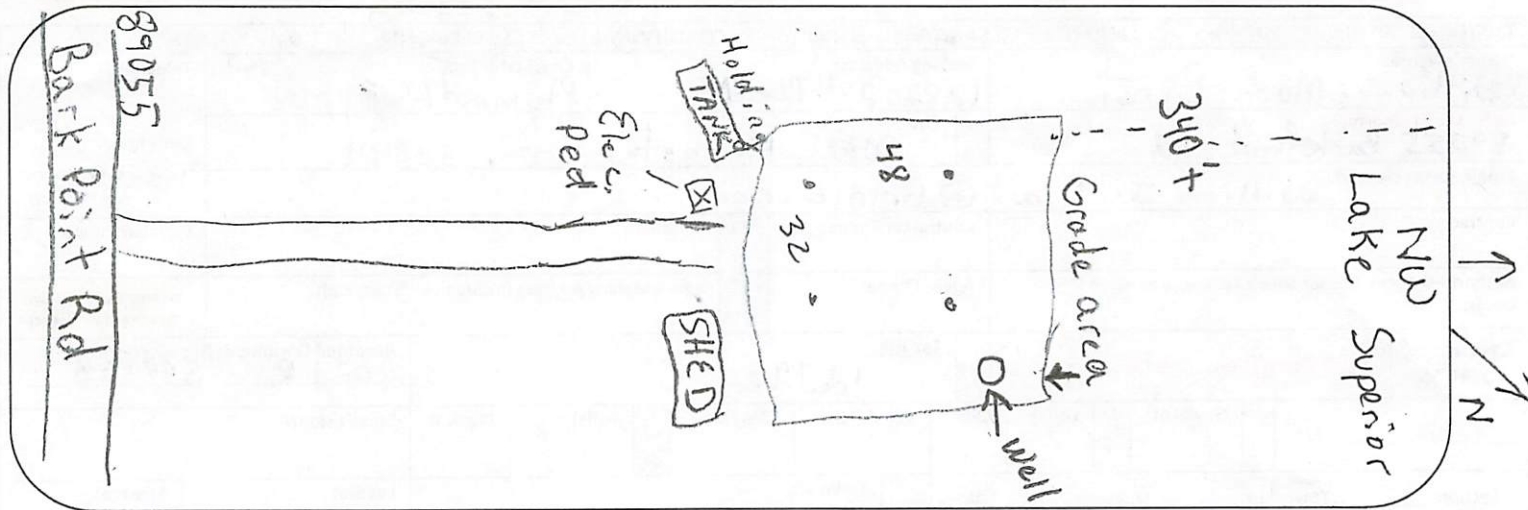
All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements			Description	Setback Measurements	
Setback from the Centerline of Platted Road	250	Feet		Setback from the Lake (ordinary high-water mark)	340 +	Feet
Setback from the Established Right-of-Way	250	Feet		Setback from the River, Stream, Creek		Feet
				Setback from the Bank or Bluff	340 +	Feet
Setback from the North Lot Line	340 +	Feet				
Setback from the South Lot Line	240	Feet		Setback from Wetland		Feet
Setback from the West Lot Line	90'	Feet		20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Setback from the East Lot Line	80'	Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	18'	Feet		Setback to Well	25'	Feet
Setback to Drain Field		Feet				
Setback to Privy (Portable, Composting)		Feet				

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
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Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:		
Permit Denied (Date):		Reason for Denial:						
Permit #:		Permit Date:						
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required		<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Granted by Variance (B.O.A.)				Previously Granted by Variance (B.O.A.)				
<input type="checkbox"/> Yes <input type="checkbox"/> No Case #:				<input type="checkbox"/> Yes <input type="checkbox"/> No Case #:				
Was Parcel Legally Created		<input type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:						Zoning District ()		
						Lakes Classification ()		
Date of Inspection:		Inspected by:				Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)								
Signature of Inspector:						Date of Approval:		
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____		Hold For Fees: <input type="checkbox"/> _____		

Bayfield County, WI



Real Estate Tax Statement

BAYFIELD COUNTY, WISCONSIN

Printed: 8/16/2022 1:51:10 PM

ERNST, WILLIAM J & MARY K

Tax ID: 12392

Legacy PIN: 014112201009

PIN: 04-014-2-51-07-27-4 00-177-07000

WILLIAM J & MARY K ERNST
16152 TULIP ST NW
ANDOVER MN 55304

Property Description

Site Address: 89055 BARK POINT RD

Municipality: TOWN OF CLOVER

Description: (Not for use on Legal Documents)

SE S27-T51N-R07W

Plat Name: GITCHE GUMEE SHORES

GITCHE GUMEE SHORES LOT 9 IN DOC 2021R-591835

Document: 2021R-591835

Acreage: 3.920

2021 Assessments

Code	Acres	Land	Impr.	Total
G1 - RESIDENTIAL	1.870	103,500	0	103,500
G6 - PRODUCTIVE FOREST	2.050	2,100	0	2,100
Total Values:	3.920	105,600	0	105,600
Estimated Fair Market Value:				107,900

Ownership

WILLIAM J & MARY K ERNST

16152 TULIP ST NW

ANDOVER MN 55304

TAX RECORDS - KEY TO CODES

RE = Real Estate

SA = Special Assessments

PF = Private Forest

LC = Lottery Credit

SC = Special Charges

MFLO = Managed Forest Land Open

FD = First Dollar Credit

DU = Delinquent Utilities

MFLC = Managed Forest Land Closed

~~~ THERE ARE NO PRIOR DELINQUENT PAYMENTS DUE ~~~

| 2021 TAXES | GRE      | (FD)   | (LC)   | RE       | SA   | SC   | DU   | PF   | MFLO | MFLC | TOT      |
|------------|----------|--------|--------|----------|------|------|------|------|------|------|----------|
| Tax Due:   | 1,663.55 | (0.00) | (0.00) | 1,663.55 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,663.55 |
| Tax Paid:  |          |        |        | 1,663.55 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,663.55 |
| Balance:   |          |        |        | 0.00     | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00     |

Tax ID 12392 **Total Due For 2021 Tax:** 0.00

~~~ THERE ARE NO TAXES DUE ON TAX ID 12392 ~~~

Bayfield County Treasurer

JENNA GALLIGAN, PO BOX 397

WASHBURN WI 54891

Phone: (715) 373-6131

Bayfield County, WI



8/16/2022, 1:51:51 PM

Lake Superior 5

1

2

M

100

4

Survey Maps

UnRecorded Map

Recorded Message

● Recorded Map
Building Footprint 2009-2015

Changed

Existing

1

Driveways

1:1,566

0 0.02 0.04 0.07 mi

0 0.03 0.06 0.12 km

Bayfield

Real Estate Tax Statement

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GITCHE GUMEE SHORES LOT 9 IN DOC 2021R-591835

Document: 2021R-591835

Acreage: 3.920

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|-------------------------------------|-------|---------|-------|---------|
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| G6 - PRODUCTIVE FOREST | 2.050 | 2,100 | 0 | 2,100 |
| Total Values: | 3.920 | 105,600 | 0 | 105,600 |
| Estimated Fair Market Value: | | | | 107,900 |

Ownership

WILLIAM J & MARY K ERNST

16152 TULIP ST NW

ANDOVER MN 55304

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| Tax Due:   | 1,663.55 | (0.00) | (0.00) | 1,663.55 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,663.55 |
| Tax Paid:  |          |        |        | 1,663.55 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,663.55 |
| Balance:   |          |        |        | 0.00     | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00     |

Tax ID 12392 **Total Due For 2021 Tax:** 0.00

~~~ THERE ARE NO TAXES DUE ON TAX ID 12392 ~~~

Bayfield County Treasurer

JENNA GALLIGAN, PO BOX 397

WASHBURN WI 54891

Phone: (715) 373-6131

Town, City, Village, State or Federal
Permits May Also Be Required

AFTER-THE-FACT

LAND USE – **X (Shoreland)**

SANITARY –

SIGN –

SPECIAL – **(A) (Tw of Clover-9/15/2022)**

CONDITIONAL –

BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0273** Issued To: **William and Mary Ernst**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **27** Township **51** N. Range **7** W. Town of **Clover**

Gov't Lot Lot **9** Block Subdivision **Gitchee Gumee Shores** CSM#
In Doc # **2021R-591835**

For: **[After-the-Fact] [Shoreland Grading]: Residence Site Grading (100' x 100') = 10,000 sq. ft.**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Town Conditions state that ingress/egress of driveway and building site must comply with Town of Clover's driveway ordinance. Future and routine road maintenance are exempt from needing additional grading permits. Current permit for driveway and home build site.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: Special Use permit shall automatically terminate 12 months from its date of issuance if the authorized building activity, land alteration or use has not begun within such time. If your Special Use is discontinued for 36 consecutive months, the permit authorizing it shall automatically terminate, and any future use of the building(s) or property to which the permit pertained shall conform to Ordinance.

Changes in plans or specifications shall not be made without obtaining approval from Planning and Zoning Committee. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Erica Meulemans, AZA

Authorized Issuing Official

October 5, 2022

Date

**Town, City, Village, State or Federal
Permits May Also Be Required**

LAND USE - X
SANITARY -
SIGN -
SPECIAL - NA
CONDITIONAL -
BOA -

BAYFIELD COUNTY

PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No: 09082201-2022

Tax ID: 12072

Issued To: SCOTT M & CHRISTINA E
MCLEWIN

Location: LOT 1 CSM #1029 IN V.6 P.345 Section 26
(LOCATED IN GOVT LOT 1) IN
2021R-589243

Township 51 N.

Range 07 W.

CLOVER

Govt Lot 0

Lot 0

Block 0

Subdivision:

CSM# 1029

For: Residential / Detached Garage / 28L x 12W x 9H

Condition(s): To meet all setbacks, including eaves and overhangs. For personal storage only. No bedrooms/living quarters permitted. No plumbing permitted. Town/State/DNR permits may be required. Impervious surface calculations not needed with structure being 300+ from Lake Superior.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

Erica Meulemans

Authorized Issuing Official

Thu Oct 06 2022

Date

**Town, City, Village, State or Federal
Permits May Also Be Required**

LAND USE - X
SANITARY - 08-51S
SIGN -
SPECIAL - NA
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No: 07062201-2022

Tax ID: 11474

Issued To: DUSTIN B MORIARTY

Location: NE SE LESS 1A IN NE COR & Section 08
LESS S 1/2 NE SE S & W OF TN RD & S
88' OF N 1/2 NE SE IN V.934 P.733 236
IM 2004R-494489 IM 2005R-503926 IM
2005R-503927

Township 50 N.

Range 07 W.

CLOVER

| Govt Lot 1 | Lot | Block | Subdivision: | CSM# |
|------------|-----|-------|--------------|------|
|------------|-----|-------|--------------|------|

For: Residential / Bedroom / 28L x 24W x 21H

Condition(s): To meet all setbacks, including eaves and overhangs. For personal residence only. One additional bedroom permitted making a total of four bedrooms in the residence. Must obtain a Uniform Dwelling Code (UDC) permit from locally contracted UDC inspection agency prior to start of construction. Town/State/DNR permits may be needed. Dimensions to reflect the blueprints that were provided

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Erica Meulemans

Authorized Issuing Official

Mon Oct 03 2022

Date

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

(Disclaimer): Any future expansions or development requires additional permitting

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.